



BUREAU OF FIRE PREVENTION

# Application for Permit

to Possess, Manufacture, Store, Handle  
Sell or Use Explosives or Explosive Material  
Lincoln Municipal Code Section 19.03.010

BFP PERMIT # \_\_\_\_\_

Date: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Please type or print

Name (If partnership, include name of each partner)	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Name (if any)	Employer Identification No. or Social Security No.
Business Address (Street/City/State/Zip Code)	<b>Date Operations to Start</b>  Payment for permit is attached or enclosed and in the form of: <input type="checkbox"/> Money Order <input type="checkbox"/> Check Amount Submitted: \$ _____ <b>Permit fee of \$100 due when application submitted</b>
Mailing Address (If different from above)	
Home Address (Street/City/State/Zip Code)	
Telephone Nos: Business ( ) _____ Home ( ) _____ Cell/Mobile ( ) _____ FAX ( ) _____	
<b>Purpose for which explosives will be used</b> <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Road Building <input type="checkbox"/> Seismographic Research <input type="checkbox"/> Coal Mining <input type="checkbox"/> Other Mining/Quarrying <input type="checkbox"/> Other Lawful Activity (specify) _____	
List type of explosive materials to be used: <i>Indicate specific type of explosive and amount intended to be used</i> <input type="checkbox"/> High Explosives _____ <input type="checkbox"/> Low Explosives _____ <input type="checkbox"/> Blasting Agents _____ <input type="checkbox"/> Other _____	
<b>Storage Facility Information</b> Applicant will store explosive materials <input type="checkbox"/> No <input type="checkbox"/> Yes. List Location/Description of each permanent storage facility and business name           Type and description of each portable/mobile storage facility/day box: (attach separate sheet if necessary)	

## On-Site Responsible Party Information

Full Name

Position/Social Security #

Home Address

Date of Birth

Is Party trained in the use of explosives by a reputable certifying agent?  No  Yes.

If Yes, by whom? Name/Address \_\_\_\_\_

If No, has Party had the equivalent training?  No  Yes. Please explain. Use attached separate and signed sheet if necessary.

Is and/or has Party:

Yes No

- A. Been charged by information or under indictment in any court for a crime punishable by imprisonment for a term exceeding one year.
- B. Been convicted in any court of a crime punishable by imprisonment for a term exceeding one year.
- C. Been convicted in any court of a misdemeanor crime of domestic violence.
- D. Subject to a court order restraining the applicant from harassing, stalking or threatening an intimate partner or child or such partment.
- E. Under 21 years of age.
- F. A fugitive from justice.
- G. An unlawful user of, or addicted to, marijuana or any depressant, stimulant or narcotic drug.
- H. Been adjudicated as a mentally defective or been committed to any mental institution.

**Please give full details for all 'Yes' answers.** Use attached separate and signed sheet if necessary.

**Applicant must possess all required federal and state licenses.**

I hereby certify that the answers given above are true and correct to the best of my knowledge.

APPLICANT SIGNATURE

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
Chief, Bureau of Fire Prevention

BFP041105 1-30-08